

1124431  
Wilts. County Council.

---

The General Education Committee.

---

# **ANNUAL REPORT**

*of the*

**SCHOOL MEDICAL OFFICER**

*for the year 1933.*



Wilts. County Council.

---

The General Education Committee.

---

# **ANNUAL REPORT**

*of the*

**SCHOOL MEDICAL OFFICER**

*for the year 1933.*



## CONTENTS.

Blind Children .....	22, 23, 25
Care Committees .....	21
Convalescent Hospital, Marlborough .....	18, 19
Cripples, Training of .....	24, 25
Crippling Defects .....	8, 14, 15, 39
Curry Fund, Report of .....	21, 22
Deaf and Dumb Children .....	23
Dental Defects and Treatment .....	8, 12-14, 37
Ear Disease and Hearing .....	8, 10-12, 37-38
Epileptics .....	24
Exclusions .....	9
Eye Defects .....	7, 9, 10, 37
Findings of Medical Inspection .....	7, 8, 36
Following up .....	8, 36
General Statistics of Elementary Schools and Area .....	4
Health Education .....	25
Heart Clinics .....	15, 16, 17, 40-41
Infectious Diseases .....	19
Medical Examination of Teachers and Bursars .....	25
Medical Treatment .....	8-17, 36
Mentally Defectives .....	23, 24
Minor Ailments .....	7, 9
Neglected Children .....	7
Number of Children Inspected :—	
Elementary .....	7
Secondary .....	36
Nursery Schools .....	25
Nurses' Reports, Summary of .....	35
Nurses' Work in Schools .....	7, 8
Nutrition .....	7, 8, 9, 21, 41
Open Air Education .....	20
Orthopaedic Scheme .....	14, 15, 39
Parents, Co-operation of .....	21
Physical Training .....	20
Prosecutions .....	9
Provision of Meals .....	20, 21
Re-Examinations .....	7, 36
Remedial Exercises .....	17, 18
School Attendance Officers, Co-operation of .....	21
School Baths .....	6
School Closures .....	19
School Desks .....	7
School Hygiene .....	4-7
Secondary School Inspection, General Description of .....	36-41
Skin Diseases .....	7, 9
Special Enquiries .....	25
Spectacles :—	
Elementary and Secondary School Children .....	9, 37
Staff .....	4
Statistical Tables :—	
Elementary .....	26-35
Secondary .....	42-47
Teachers, Co-operation of .....	21, 41
Tonsils and Adenoids .....	7, 10, 37
Tuberculosis .....	8, 17
Uncleanliness of Children .....	7, 9, 41
Voluntary Bodies, Co-operation of .....	21

# Wilts County Council.

## GENERAL EDUCATION COMMITTEE.

*To the Chairman and Members of the Education Committee of the Wilts County Council.*

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit my Fifteenth Annual Report on the work of the School Medical Service in the Administrative County of Wilts.

Apart from fresh appointments of a dentist, and dental nurse attendant, there have been no changes of staff during the year. The appointment of Dr. Broomhead as Resident Medical Officer at Stratton Public Assistance Institution has temporarily necessitated some of his school work being undertaken by others of the staff whilst that institution was being re-organised. Much will however be gained by one medical officer being in charge of the children at the institution, in the scattered homes, and at the clinics, as well as in the schools.

The general work of the service has proceeded uneventfully and with good results. It is satisfactory to note that cases of under-nourishment and defective clothing show a continuous decline. For under-nourished children we now have, in suitable cases, excellent institutional facilities at Marlborough.

Two important publications by the Board of Education—the new Syllabus of Physical Training and the latest edition of the Handbook on Health Education—will require consideration in connection with the school medical service during the year. In these two matters there is room for much improvement.

In accordance with the suggestion of the Board, the present report omits description of arrangements which are unchanged since last described.

I am,

Your obedient Servant,

CLAUDE E. TANGYE,

County School Medical Officer.

County Offices,

Trowbridge.

February, 1934.



## ELEMENTARY SCHOOLS.

### SCHOOL STATISTICS.

According to the figures of the 1931 Census, the area and population within the jurisdiction of the Wilts Education Authority is 851,974 statute acres, with a population of 214,512 persons. The number on the rolls of the Elementary Schools in December, 1933, was 27,856, and the average attendance 25,337. The number of schools embraced in the County scheme is 288, with 310 departments. There are 227 Voluntary Schools, including 242 departments, and 61 Council Schools, with 68 departments. The enrolment of the Voluntary Schools is 18,178 and of the Council Schools 9,678.

Schools with enrolment of	50 and under	.....	102
„ „ „	51—100	.....	99
„ „ „	101—150	.....	32
„ „ „	151—200	.....	21
„ „ „	201—250	.....	16
„ „ over	250	.....	18
			288

The largest separate department is Devizes Southbroom Senior School with an enrolment of 418. The smallest school is Stanton Fitzwarren with an enrolment of 9.

### 1. STAFF.

The staff has remained the same as reported for 1932, with two exceptions. Mr. J. H. N. Macdonald, L.D.S., has succeeded Mr. L. Cowlshaw, L.D.S., as dentist for the Western area, and Nurse M. E. Gowen has succeeded Nurse G. Bennett as dental nurse attendant for the same area.

### 2. CO-ORDINATION WITH PUBLIC HEALTH SERVICE.

The position remains as described in my 1932 and previous reports.

### 3. SCHOOL HYGIENE.

Reports as to the condition of the premises are submitted by the Assistant School Medical Officers as they visit the various schools in their areas. The following summary shows the nature of the defects reported.

#### CHURCH OF ENGLAND SCHOOLS.

(a) Cases in which defects have been remedied during 1933 :—

Berwick St. John	.....	.....	Offices for girls inadequate.
Bishops Cannings	.....	.....	Defective floor in girls' cloakroom.
Broad Town	.....	.....	Defective offices.
Bromham	.....	.....	Unsatisfactory sanitation.
Chitterne	.....	.....	Smoky stove.
Codford St. Mary	.....	.....	Defective stove and window cords.
Derry Hill	.....	.....	Defective heating.
Devizes, Southbroom Junior	.....	.....	Insufficient washbasins.
Durrington Junior	.....	.....	Overcrowding. Leaking roof to verandah. Dampness of cloakroom.

Erchfont	.....	.....	.....	Defective grating in boys' playground.
Everleigh	.....	.....	.....	Uncleanliness of premises.
Froxfield	.....	.....	.....	Muddy playground.
Great Bedwyn	.....	.....	.....	Defective ventilation of porch. (School has also been connected to public water supply on recommendation of Assistant School Medical Officer).
Ham	.....	.....	.....	Defective offices.
Imber	.....	.....	.....	Redecoration required.
Keevil	.....	.....	.....	Defective urinal.
Leigh	.....	.....	.....	Leaking bucket in girls' offices.
Little Bedwyn	.....	.....	.....	Unsatisfactory cloakrooms.
Lyddington	.....	.....	.....	Insufficient attention to offices.
Malmesbury Boys'	.....	.....	.....	Inadequate office accommodation.
Newton Toney	.....	.....	.....	Leaking roof and defective classroom floor.
North Bradley	.....	.....	.....	Defective heating.
Redlynch	.....	.....	.....	Defective heating of infants' room.
Sherston	.....	.....	.....	Disrepair of girls' closets. Insufficient washbasins and towels. Defective urinal. Defective ventilation of infants' classroom.
Stanton St. Bernard	.....	.....	.....	Insufficient attention to offices. Walls of boys' offices required whitewashing.
West Ashton	.....	.....	.....	Light of infants' room impaired by trees which required cutting down.
Westbury Leigh	.....	.....	.....	Defective offices.
West Lavington	.....	.....	.....	Cleansing of pail closets.
Winterbourne Bassett	.....	.....	.....	Smoky stove in classroom.
Winterbourne Earls	.....	.....	.....	Defective offices.
Yatesbury	.....	.....	.....	Defective urinal.

(b) At the following schools the Managers have partially remedied the unsatisfactory conditions, but the defects indicated still remain to be dealt with:—

Alton Barnes	.....	.....	.....	No water supply on school premises.
Calne Trinity	.....	.....	.....	Closets old fashioned and unsatisfactory.
Hullavington	.....	.....	.....	Playground rough and stony, also muddy in wet weather.
Sutton Benger	.....	.....	.....	Smoky nuisance from stove improved but not entirely eliminated.
Trowbridge Parochial	.....	.....	.....	Unsatisfactory office accommodation and insufficient washbasins.
Wootton Bassett	.....	.....	.....	Offices for girls inadequate.

(c) Cases in which the Managers have not yet undertaken the necessary improvements:

Ashton Keynes	.....	.....	.....	Defective ventilation of boys' cloakroom.
Baydon	.....	.....	.....	Absence of partition between girls' and infants' closets. Defective lighting of infants' room. Water supply is from rain water tanks only and unfit for consumption.
Bradford Christchurch	.....	.....	.....	Defective vent pipe from drainage inspection chamber in playground.
Chirton	.....	.....	.....	Unsatisfactory heating.
Chute	.....	.....	.....	Inadequate water supply.
Dilton Marsh	.....	.....	.....	Inadequate office accommodation for girls. (The Managers have submitted proposals to the County Architect).



Market Lavington	.....	.....	Unsatisfactory heating.
Marlborough Girls'	.....	.....	Insufficient washbasins. (This matter is held up pending the decision of the question as to whether or not the school is to become a Junior one only).
Shalbourne	.....	.....	Only water supply is from underground tank which requires cleaning out. Drinking water has to be obtained from village.
Stratford-sub-Castle	.....	.....	Refuse disposal unsatisfactory but not creating a nuisance.
Tilshead	.....	.....	Unsatisfactory playground and heating.
Winsley	.....	.....	Defective urinal.
Winterslow	.....	.....	Insufficient ventilation.

## COUNCIL SCHOOLS.

All the defects reported during the year have been remedied, as follows:—

Chippenham, Ivy Lane	.....	.....	Defective heating arrangements.
Chiseldon Infants'	.....	.....	Smoky chimney.
Corsham Mixed	.....	.....	Defective offices. Insufficient heating of class-rooms.
Odstock	.....	.....	Insufficient heating.
Pewsey Mixed	.....	.....	Defective heating.
Pewsey Infants'	.....	.....	Broken partition between offices. Defective lock on playground door. Chimney of hot water apparatus required sweeping. Water pipes from lavatory basins leaking.
Ramsbury	.....	.....	Lack of artificial lighting and defective drainage of playground.
Lower Stratton Mixed	.....	.....	Insufficient offices for girls.
Upper Stratton Senior	.....	.....	Insufficient office accommodation.
Wanborough	.....	.....	Closets required more frequent flushing.
Westwood	.....	.....	Defective stove pipe.

The following statistics as to the provision of a change of footwear for children arriving at school with wet feet have been compiled from the Head Teachers' annual returns:—

*Schools in which slippers or stockings are provided:—*

Supply adequate	.....	.....	.....	.....	145	(144)
Supply inadequate	.....	.....	.....	.....	18	(27)
<i>Schools in which children are encouraged to bring their own change of footwear:—</i>						
Those where there is a satisfactory response by parents					70	(72)
Those where there is a supply of footwear for children otherwise unprovided	.....	.....	.....	.....	57	(49)
<i>Schools in which no change of footwear is available</i>					20	(21)
					<hr/> 310	<hr/> (313)

The figures in brackets are those for the previous year.

This problem is one of importance apart altogether from considerations of comfort, and gradual progress is being made year by year towards its solution.

The only school equipped with baths is the Trowbridge Adcroft Boys' School, and it is understood that good use is made of them.



The number of new desks supplied was 349. These were distributed between 44 schools, of which five received from 20 to 22, whilst the remainder received less. The type supplied has been a dual desk with horizontal surface with two separate chairs. These are supplied in five different sizes to fit the following age groups:—infants aged 5; older infants, children aged 8—10; children aged 11—13, and children aged 14.

The policy has been to issue them as widely as possible to schools where the furniture was out-of-date, rather than to favour any one school by complete re-equipment.

The number of new black-boards issued has been comparatively small, 39 have been supplied to various schools.

#### 4. MEDICAL INSPECTION.

A routine inspection and a subsequent re-inspection, were arranged for the majority of the schools, and in this way 283 of the total 288 schools have been visited at least twice by an Assistant School Medical Officer.

The age groups selected for inspection are those laid down by the Board of Education. The total number of children inspected in these groups, quite apart from re-inspections, which number 15,647, was 10,048, as against 9,519 in the previous year, and 9,180 in 1931.

#### 5. FINDINGS OF MEDICAL INSPECTION.

Table IIa. appended, gives the summary of the findings of Medical Inspection, and Table V. gives a similar summary of the findings of school nurses on their inspections. The two sets of results may be conveniently considered here together.

(a) **Malnutrition and Neglected Children.** The number of cases of malnutrition requiring treatment was 804, as compared with 818 in 1932. It will, therefore, be seen that there has been a slight improvement with regard to nourishment since the previous year. One hundred and nine cases of defective clothing and footgear were found as against 221 in 1932.

(b) **Uncleanliness.** The number of cases discovered by Assistant School Medical Officers was 74 and by nurses 1,413, as against 91 and 1,423 respectively during the previous year. The figures for uncleanliness continue to show a decline.

(c) **Minor Ailments and Diseases of the Skin.** (i) Three hundred and eighty-four cases of minor ailments, apart from skin complaints, were discovered in medical inspection. This figures compares with 518 in 1932.

(ii) Tables IIa. and V. give the statistics of cases of ringworm, scabies and impetigo discovered by doctors and nurses respectively. The total number of cases of ringworm was 127 and impetigo 694. The number of cases of ringworm shows an increase of two as compared with the previous year, and almost all the cases found were of a slight nature and easily curable.

(d) **Visual Defects and External Eye Disease.** (i) Medical examinations revealed 718 cases of defective vision and squint, and examinations by nurses 28, comparing with 698 and 21 in 1932.

(ii) On inspection by doctors, 105 cases of external eye disease were discovered, whilst nurses reported 128. These figures compare with 124 and 111 in 1932.

(e) **Nose and Throat Defects.** A total of 362 children was found suffering from enlargement of tonsils and adenoids, rendering operation desirable. The number in 1932 was 529, and the comparative percentages of the total number of children examined in the two years were 3.6 in 1933, and 5.56 in 1932.



(f) **Ear Disease and Defective Hearing.** Amongst children medically examined, 91 were found suffering from ear disease and 35 from defective hearing. Nurses discovered 10 cases of ear disease and one of defective hearing.

(g) **Dental Defects.** The four Dental Officers found 11,294 children requiring treatment as against 11,597 in the previous year.

(h) **Orthopaedic and Postural Defects.** Five hundred and eighty cases of deformity of various degrees were discovered by Assistant School Medical Officers during the year. This number includes cases of crippling due to tuberculosis, and cases of severe crippling, but the great majority were cases of slight postural curvature.

(i) **Heart Disease and Rheumatism.** A total of 185 children was found on medical examination to be suffering from heart disease, either functional or organic.

(j) **Tuberculosis.** No child was found as a new case suffering from pulmonary tuberculosis, but two from crippling conditions due to tuberculosis of the joints or bones.

(k) **Other Defects and Diseases.** Three hundred and sixty-three children were discovered by the Assistant School Medical Officers to be suffering from defects or diseases not enumerated above.

## 6. FOLLOWING UP.

The card index system and nursing organisation are used to the full extent to ensure that children receive necessary care and treatment. There are always cases where parental carelessness and neglect tend to baffle every effort, but co-operation with the N.S.P.C.C. and with local influence reduces the problem of neglected children to manageable proportions.

*School Nursing.* Eight of the whole-time nurses inspect 91 schools, one devoting all her time to this work, and 76 district nurses act as part time school nurses for the remaining 197 schools. The following is a summary of the distribution of the district nurses' school work :—

11	district nurses	inspect	each	1	school
32	„	„	„	2	schools
19	„	„	„	3	„
7	„	„	„	4	„
5	„	„	„	5	„
2	„	„	„	6	„

In every case the School Nurses accompany the Assistant School Medical Officers at their annual medical inspections, and in addition pay at least two visits each term for the purpose of following up. The Nurses also pay many special visits at the request of the Head Teachers or as necessity may arise.

## 7. MEDICAL TREATMENT.

(a) **Malnutrition.** Cod liver oil emulsion is supplied at school free of cost during the two winter terms for all children found on medical inspection to be under-nourished whose parents cannot afford to provide it themselves. Where it is considered more suitable, or the children are unable to take emulsion, milk is given instead. A small proportion of the children is recommended for treatment during the summer as well, when milk is usually given in preference to cod liver oil.



During the year, 804 fresh cases of malnutrition where treatment was required were reported by the Assistant School Medical Officers, as compared with 818 in 1932. Slightly fewer cases of bronchitis, debility, etc., were also recorded.

Many children reported previously continue to have emulsion or milk year after year, and cod liver oil was supplied to 2,103 children (1194 boys and 909 girls) in 291 school departments as against 1,785 last year, and milk to 355 children (170 boys and 187 girls) in 117 departments as compared with 325 in 1932.

Details of school milk supplies for normal children are given on page 21.

(b) **Uncleanliness.** The number of children who received attention on account of uncleanliness, was of course, identical with the number of children found unclean, namely 1,454, compared with 1,509 in 1932, and 2,096 in 1931.

No cleansing stations are provided by the Education Authority, and the cleansing of children can therefore be carried out only in their homes. The school nurses give demonstrations and advice to mothers on the matter and provide special combs at cost price to mothers who desire them. The number of combs sold in this way during the year was 68, as compared with 61 in 1932.

Exclusions were made in 145 cases during the year, as compared with 181 cases in 1932.

No prosecutions were undertaken by the Education Committee under the School Attendance Bye-laws.

The average number of visits per annum by the school nurses to each school should, according to the adopted rules, be at least six. In very few schools were the visits less in number, and many nurses make a practice of visiting monthly.

(c) **Minor Ailments and Diseases of the Skin.** (i) The majority of minor ailments has been treated by school nurses at school with the necessary ointments etc., which are supplied free for this purpose. Simple outfits of dressings and ointments are supplied to Head Teachers, in order that prompt attention may be given to cuts and abrasions which may occur between the visits of the nurse.

(ii) Almost all the cases of ringworm, scabies and impetigo discovered in schools have received treatment through school nurses with requisite ointment, etc. Provision for X-ray treatment of chronic ringworm which does not yield to applications is available at Salisbury and at Savernake. The general arrangement for treatment of skin trouble has worked quite well considering the difficulties in the home surroundings of the cases. Altogether 324 children were excluded from school for various periods on account of skin disease.

(d) **Visual Defects and External Eye Disease.** The number of cases refracted by the Oculists was 750, whilst 31 were refracted by private practitioners or otherwise. Glasses were prescribed by the County Ophthalmic Surgeons in 639 cases, and actually provided before the end of the year in 576 cases. The Curry Fund gave assistance towards the purchase of glasses in 161 of the 576 cases mentioned.

In 11 cases glasses were obtained privately.

No school child in any part of the County need ever lack skilled ophthalmic care, from the ordinary services for which eye clinics have been established throughout the County to the most delicate treatment provided at special hospitals.

A total of 236 external eye defects was treated by the County Ophthalmic Surgeons, nurses under medical supervision, or in hospitals.

The following cases were admitted for operation or other treatment to the hospitals mentioned.



## BATH EYE INFIRMARY.

Chronic Blepharo Conjunctivitis	.....	.....	1
Strabismus	.....	.....	4
Obstructed lachrymal duct	.....	.....	1
Strumous Conjunctivitis and Corneal ulcer	.....		1

## OXFORD EYE HOSPITAL.

Strabismus	.....	.....	4
Cataract	.....	.....	1
Probing of duct	.....	.....	1

## SALISBURY GENERAL INFIRMARY.

Blepharitis and Phlyctenular Conjunctivitis			1
Chalazions	.....	.....	1
Keratitis	.....	.....	1
Phlyctenular Conjunctivitis	.....	.....	1
Phlyctenular Conjunctivitis and Keratitis	.....		1
Phlyctenular Keratitis	.....	.....	1

(e) **Nose and Throat Defects.** A total of 292 children was operated upon under the established County Council scheme and 30 privately. All these cases were recommended direct from the schools by the Assistant School Medical Officers with the concurrence of the family practitioners, and, of course the parents' full consent.

In addition to these 292 operations, a further 151 were performed after examination by the aural surgeons of children referred to their clinics for conditions not obviously due to diseased tonsils on examination at school (see section "f") and such conditions included deafness and running ears, and were in the great majority of cases cured by operation.

The number of operations shows a great decrease on the number in previous years (413 in 1932, 482 in 1931, and 479 in 1930). Operations are only arranged when they appear definitely necessary and their results are carefully watched and recorded, the object being to limit the work to necessary cases and to be as sure as possible that it is effectively performed.

(f) **Ear Disease and Defective Hearing.** One hundred and twenty-six new cases of ear disease, including defective hearing, were reported by the Assistant School Medical Officers during the year in addition to the simple cases of enlarged tonsils and adenoids referred to in Section (e) of the report. Only seventy five of these cases were found to require immediate treatment, and were referred to the ear, nose and throat clinics, with many cases previously reported.

These cases are summarised in the table on the next page.

CENTRE.	No. of children examined.	RECOMMENDED FOR OPERATION.					OPERATION PERFORMED.					OTHERWISE TREATED.		Attendances at Out-Patient Clinics.
		(i)	(ii)	(iii)	(iv)	(v)	(i)	(ii)	(iii)	(iv)	(v)	Without Operation.	In addition to Operation.	
Malmesbury	13	—	—	7	—	—	—	—	11	—	1	1	3	16
Salisbury	82	—	4	45	4	6	—	3	29	4	4	8	14	186
Savernake	15	—	—	1	3	7	—	—	2	3	7	3	1	28
Swindon	152	—	5	58	1	8	—	4	48	1	9	20	12	401
Trowbridge	129	7	1	51	4	7	7	1	46	4	7	10	21	212
TOTALS	391	7	10	162	12	28	7	8	136	12	28	42	51	843

(i) Tonsils. (ii) Adenoids. (iii) Tonsils and Adenoids. (iv) Mastoid. (v) Other.



The number of children examined was 10 more than in 1932 but many, of course, were those who had been admitted to hospital during the latter part of that year and had been invited to the clinics again for examination to ensure that the condition had cleared up as a result of operation. The majority of these cases required no further treatment, and the apparent discrepancy between the number of children examined and the recommendations for treatment is thus explained.

Two hundred and nineteen operations were recommended and 190 performed during the year but there can be no comparison between these figures as, of course, the latter includes a number of cases which could not be admitted to hospital before the end of 1932 and similarly a few of the operations recommended this year will have to be deferred until early in 1934. The cases in which our efforts to persuade the parents to consent to operation fail are, fortunately, very few and amount to a little more than 10 per cent.

The total attendance at the clinics was slightly less than in the previous year, being 843 as compared with 875.

(g) **Dental Defects.** The following Table gives the relative amount of work done in the areas allocated to the four County Dental Officers respectively :—

#### AGE GROUPS.

AREA.	3	4	5	6	7	8	9	10	11	12	13	14	15	Total.
<b>Northern :</b>														
Inspected by Dentist .....	6	102	231	263	294	378	395	390	387	408	412	42	—	3,308
Referred for Treatment .....	3	43	167	222	242	316	310	288	250	236	243	24	—	2,344
Actually Treated .....	2	31	140	194	216	277	275	238	221	199	205	22	—	2,020
Re-treated (result of periodical examination)	—	—	1	25	88	158	183	171	172	158	168	16	—	1,140
<b>Southern :</b>														
Inspected by Dentist .....	12	100	285	348	317	328	347	360	348	379	337	65	—	3,226
Referred for Treatment .....	2	47	210	297	290	310	315	303	272	269	239	54	—	2,608
Actually Treated .....	1	32	148	198	203	220	229	196	165	169	137	31	—	1,729
Re-treated (result of periodical examination)	—	—	5	34	103	146	150	140	128	129	104	22	—	961
<b>Eastern :</b>														
Inspected by Dentist .....	10	120	405	441	480	527	525	531	533	571	471	66	—	4,680
Referred for Treatment .....	1	63	302	314	333	379	342	260	345	360	334	49	—	3,082
Actually Treated .....	1	40	197	225	237	246	246	253	241	259	255	39	—	2,239
Re-treated (result of periodical examination)	—	2	19	85	156	191	188	201	208	225	203	31	—	1,509
<b>Western :</b>														
Inspected by Dentist .....	25	198	405	459	437	473	573	584	515	581	499	72	2	4,823
Referred for Treatment .....	5	93	272	342	335	363	410	386	290	377	335	50	2	3,260
Actually Treated .....	4	41	171	198	196	214	251	250	180	213	176	29	1	1,924
Re-treated (result of periodical examination)	—	—	24	47	96	119	139	169	96	133	110	16	1	950

Special cases are not included under numbers inspected.

The following is the report of Mr. Liebow, Senior County Dental Officer :—

“I have much pleasure in presenting my Fourth Annual Report on the Dental Scheme.

“One change occurred in the Dental Staff during the year. Mr. Cowlshaw, the Assistant Dental Officer for the Western Area, ceased work on the 18th October and his successor, Mr. Macdonald, commenced on 7th November. Unfortunately this left a gap of three weeks, but Mr. Macdonald's previous experience has proved valuable and he readily understood our methods.



"No alteration has been made in the dental scheme for elementary schools during the year. Dental inspection is not confined to any special age groups and all the children examined receive the opportunity of treatment if required. The Dental Officers have visited 198 elementary schools and have inspected 16,164 children. The figures for the previous year were 215 schools and 17,545 children. As anticipated in my report for 1932 there is a definite retardation in the dental scheme for elementary schools, including a slight decrease in the amount of operative work carried out. This is due to the schemes other than school dental work interfering to a slight extent with the time devoted to school work and also to the gap mentioned above, when no Dental Officer was available in the Western Area. I greatly regret this falling off, as I had hoped for and looked forward to expansion in the work done for elementary school children. The interval between the visits to the schools is still far too long, namely 19 months. Owing to this delay children, whose parents have accepted every opportunity to receive treatment by the County Dental Officers, are found on inspection to have septic permanent teeth, for which the only treatment is extraction with the ensuing loss of function. This extraction of permanent teeth is much to be regretted, as our object is to save intact, where possible, the permanent dentition. As a sign of this backward tendency, although the total number of extractions carried out during the year is less than that of the previous year, the number of permanent teeth extracted has increased from 1,500 to 1,768. It must be remembered that if a child is predisposed to dental disease treatment by extraction at long intervals will not in any way minimise the bad effects of oral sepsis on the general health. With the present inadequate staff we are unable to cope with this insidious menace to the general health and wellbeing of the children. We are looked upon by many parents as what might be termed 'toothache relievers' but it is the aim of every school Dental Officer to prevent rather than to relieve pain and to ensure that each child leaves school with a healthy complete set of teeth.

"In an effort to shorten the period between dental inspection, I advised the Assistant Dental Officers to devote less time to filling temporary teeth, not because this work is of no importance, but so that more time could be spent carrying out conservative treatment for the permanent dentition. Although the total number of fillings has fallen from 3,090 in the previous year to 2,888 in the year under review, I am glad to state that the number of permanent teeth filled has increased from 2,348 to 2,481. This increase is small, but it is a step in the right direction.

"The number of administrations of general anaesthesia has increased from 92 to 115. General anaesthesia is usually confined to the Trowbridge clinic as there is a certain amount of difficulty in arranging for a Medical Officer to administer gas in outlying areas and sufficient cases are not available to justify the Medical Officer's time.

"The majority of extractions are carried out with local anaesthesia, 'block' anaesthesia being used when septic conditions preclude the use of an ordinary injection. In no case is extraction carried out without the use of an anaesthetic. By observing all precautions to prevent pain the old fear of the dentist is gradually disappearing and children attend time after time with very little encouragement. Unfortunately there are still many parents who ruin children as patients by relating to them their own painful recollections of the past.

"The Dental Officers found 11,294 children, or 70 per cent. of the children examined, to require treatment. This represents an increase of 4 per cent. compared with the two previous years, when the percentage of children requiring treatment was 66 per cent. I do not think that this percentage will increase, but that is probably due to more thorough inspection.

"Altogether 7,912 children, or 70 per cent of the children requiring treatment, were treated by the School Dental Officers. This is a decrease of 2 per cent. on the previous year. The following shows the percentage of children treated in the different areas, with the figures for 1932 in brackets.

Northern Area	.....	.....	.....	.....	86 per cent.	(83 per cent.)
Southern Area	.....	.....	.....	.....	66 ,,	(67 ,, )
Eastern Area	.....	.....	.....	.....	73 ,,	(76 ,, )
Western Area	.....	.....	.....	.....	59 ,,	(64 ,, )



“There is still a great deal of prejudice against dental treatment in the Western Area, particularly in Trowbridge. The fact that relief from pain may be so easily obtained by attendance at special sessions held at Trowbridge clinic or at the hands of private practitioners may be the cause of this reluctance. The percentage of children treated compares favourably with that of school work generally and, while we aim at a higher percentage, it must be remembered that it would prolong the period between the visits to the schools. When the importance of dental treatment is pointed out to parents acceptance is usually obtained. The difficulty lies in making this contact as the duties of the district nurses do not allow a thorough following up of refusals. The Head Teachers have the strongest influence in encouraging parents to accept treatment for their children and this help is usually cheerfully given.

“Education in dental hygiene still holds a very unimportant place in the curriculum of elementary schools and in some is non-existent. It is a pity that children, whose mouths have been made dentally fit on reaching school leaving age, are not taught how to retain this state of fitness.

“Eleven lectures have been given to Women’s Institutes, etc., on the care of the teeth.

“All the boarded-out children in the County have received the opportunity of dental treatment during the year and ten visits have been made to the Scattered Homes. The dental condition of the children in the Homes still compares very favourably with the elementary school children.

“The sum of £103-17-6 was received in sixpenny fees compared with £120-9-6 for the previous year. The fact that treatment is free of charge if parents are unable to afford it is becoming more generally understood.

“The table of work done can be examined under Table IV, Group IV.”

(h) **Orthopaedic and Postural Defects.** Only one case of tubercular crippling was found during the year to require treatment, and the number of cases of deformity of non-tubercular origin, varying from postural defects to definite crippling requiring treatment was 411. Of these 242 were found to require remedial exercises.

The following table shows the various types of cases from Elementary Schools attending the Orthopaedic clinics during the year :—

DEFECT.	CLINIC.					Total.
	Corsham.	Devizes.	Salisbury.	Swindon.	Trowbridge.	
Surgical Tuberculosis .....	—	5	6	2	4	17
Congenital Deformities .....	7	22	21	17	20	87
Infantile Paralysis .....	4	5	7	11	13	40
Rickets .....	13	19	20	25	19	96
Spastic Paralysis .....	2	—	3	3	1	9
Scoliosis .....	1	.....	1	—	2	4
Osteomyelitis .....	—	—	—	—	2	2
Postural Defects .....	8	10	24	28	16	86
Other Defects .....	11	8	7	21	33	80
Total .....	46	69	89	107	110	421

The number of attendances made by school children at the various clinics was 1,409. Forty-six children from elementary schools were admitted to the Bath and Wessex Children's Orthopaedic Hospital, Bath, during the year.

All the statistics remain very much the same from year to year.

The cost to the County Council has been :—

	£	s.	d.
Hospital Treatment .....	2,046	7	4
X-Rays .....	22	1	0
Appliances .....	94	9	6
Attendance grants to Clinics .....	70	9	0
Travelling .....	30	10	0½
Massage .....	122	11	6

The expenditure of the clinics, for all cases including school children, out of their own funds, is given in detail in the Public Health report.

It is now nearly ten years since the five clinics were first established and with the exception of Swindon, where Mrs. Norris has succeeded Mrs. Macmillan, who has left the County, all the original clinic secretaries are still administering their local voluntary clinics. This is an example of social service which, by its continuity and efficiency, has done a great work for children at a minimum of cost, much of the expense being borne and facilities provided by private individuals.

A special acknowledgment must be made to the work of Mrs. Macmillan who, until she left the County, administered with great success, the largest and in some ways the most responsible clinic in the County.

(i) **Heart Disease and Rheumatism.** During the year 57 new cases of heart disease were reported by the Assistant School Medical Officers as requiring immediate attention. It was, however, only found necessary to refer 28 of these to the Consulting Heart Physicians, as compared with 57 in 1932, whilst 71 old cases were examined at the clinics again.

In all 14 sessions were held and 115 attendances made as indicated below :—

<i>Centre.</i>	<i>No. of Clinics held.</i>	<i>No. of attendances made.</i>
Chippenham .....	2	22
Malmesbury .....	3	23
Salisbury .....	1	8
Savernake .....	1	5
Swindon .....	3	10
Trowbridge .....	4	47
	<hr/> 14 <hr/>	<hr/> 115 <hr/>

The comparatively small number of attendances made at Swindon in relation to the number of clinics held is due to the fact that these clinics are arranged jointly with the Swindon Education Authority and during 1933, the majority of the cases came from the Borough.



The results of examination are summarised in the following tables :—

NEW CASES.

	<i>Boys.</i>	<i>Girls.</i>
Suffering from rheumatic heart disease .....	—	—
„ „ suspected rheumatic heart disease .....	5	4
„ „ congenital heart disease .....	3	1
No organic disease .....	2	3
Diagnosis at present indefinite .....	5	5
<b>TOTALS</b> .....	<b>15</b>	<b>13</b>

OLD CASES.

	<i>Boys.</i>	<i>Girls.</i>
Suffering from rheumatic heart disease .....	9	10
„ „ suspected rheumatic heart disease .....	3	6
„ „ congenital heart disease .....	5	8
No organic disease .....	12	9
Diagnosis at present indefinite .....	4	5
<b>TOTALS</b> .....	<b>33</b>	<b>38</b>

The recommendations as to treatment were as follows :—

*New Cases.*

Centre.	No. of children examined.	Referred to Ear, Nose and Throat Clinic.	Restrictions as to drill and games.	General treatment by family Doctor.	Institutional treatment.	No treatment or restrictions.	May rightly be irregular in school attendance.
<b>Chippenham</b>	4	2	2	1	—	2	3
<b>Malmesbury</b>	4	1	2	3	—	—	4
<b>Salisbury</b>	2	1	—	—	1	1	—
<b>Savernake</b>	2	1	1	1	—	1	1
<b>Swindon</b>	6	—	2	—	—	4	2
<b>Trowbridge</b>	10	3	7	3	—	2	7

*Old Cases.*

Centre.	No. of children examined.	Referred to Ear, Nose and Throat Clinic.	Restrictions as to drill and games.	General treatment by family doctor.	Institutional treatment.	No treatment or restrictions.	May rightly be irregular in school attendance.
<b>Chippenham</b>	16	1	5	5	—	6	4
<b>Malmesbury</b>	12	3	7	4	—	3	8
<b>Salisbury</b>	6	1	—	—	—	6	—
<b>Savernake</b>	3	1	3	1	—	—	2
<b>Swindon</b>	4	—	—	—	—	4	—
<b>Trowbridge</b>	30	1	16	3	2	11	8

Of the three cases recommended for institutional treatment, one was admitted to the Salisbury General Infirmary and one to the Royal United Hospital, Bath. In the remaining instance, admission to the Marlborough Children's Hospital was advised but the parents would not unfortunately give their consent.

No child is invited to the clinic without the concurrence of the family doctor to whom the Consulting Physician's notes are sent after each examination.

(j) **Tuberculosis.** *Pulmonary.* Suspicious lung cases have frequently been referred to the Tuberculosis Officers for opinion during the year, and two fresh cases of pulmonary tuberculosis were discovered in school children.

Children over ten suffering from suspected pulmonary tuberculosis are admitted to Winsley Sanatorium, if vacancies are available, and during the year three such children have been treated there. Children suffering from advanced pulmonary tuberculosis can be treated at Harnwood Hospital, and during the year two children received such treatment.

*Non-Pulmonary.* During the year twelve new cases of non-pulmonary tuberculosis occurred amongst school children, and were notified by the Tuberculosis Officers or General Practitioners, or transferred from another County. The cases are made up as follows :—

Spine	.....	.....	.....	2	Lupus	.....	.....	.....	1
Hip	.....	.....	.....	1	Ankle	.....	.....	.....	2
Abdomen	.....	.....	.....	3	Glands	.....	.....	.....	3

Seventeen children suffering from non-pulmonary tuberculosis attended the Orthopaedic Clinics during the year.

Twenty-nine children suffering from non-pulmonary tuberculosis have received treatment at the following approved hospitals :—

<i>Admissions.</i>								
Bath and Wessex Children's Orthopaedic Hospital	.....	.....	.....	.....	.....	.....	.....	10
Savernake Hospital	.....	.....	.....	.....	.....	.....	.....	18
Alton Cripples' Hospital	.....	.....	.....	.....	.....	.....	.....	2
Brompton Hospital	.....	.....	.....	.....	.....	.....	.....	1

Two children received two separate periods of treatment at the Bath and Wessex Children's Orthopaedic Hospital and Savernake Hospital.

(k) **Other Defects and Diseases.** Children suffering from defects or diseases which are not dealt with under any of the prescribed schemes are referred to their own doctors where necessary. In the majority of cases the required attention has been given.

**Remedial Exercises.** At the end of 1933, approximately 600 children were attending classes in Remedial Exercises. In most cases the classes were held once a week or once a fortnight, but in a few schools short periods daily were given to the work.

The work of Remedial Exercises continues to give satisfactory results, although, as they do not form part of the curriculum they can only be arranged where Head Teachers are willing to provide time and accommodation for the children. Even with this limitation Miss Rolleston's time is very fully occupied with classes at various schools, and in addition a number of Teachers, who have been specially instructed, hold classes which Miss Rolleston supervises as far as her other appointments allow. The cases are selected by the Assistant School Medical Officers and are those of bad posture which, if neglected, tend inevitably to produce serious fixed deformities in adult life.



During the year 1933, classes in Remedial Exercises were held once or twice a week in the following schools :—

- (a) By Miss Rolleston :—Bradford Trinity Senior, Highworth, Lacock, Melksham Church of England Mixed, Melksham Lowbourn Mixed, Trowbridge Adcroft Girls', Trowbridge Newtown Senior, Trowbridge Parochial Junior, Trowbridge Trinity Junior, Upper Stratton Senior, Upper Stratton Junior, Warminster Minster, Warminster Sambourne, Wootton Bassett Church of England and Wootton Bassett Council.
- (b) Alternately by Miss Rolleston and Teachers :—Brinkworth, Chippenham Westmead Mixed, Devizes St. Joseph's Mixed, Devizes Southbroom Senior, Leigh, Malmesbury Girls', Purton Modern, Wanborough, Westbury Senior and Yatton Keynell.
- (c) By Teachers :—Blunsdon St. Andrew, Calne Junior (classes held for these children in the Senior School), Calne Senior, Chippenham Ivy Lane, Chippenham Lowden Mixed, Malmesbury Boys', Trowbridge Adcroft Boys' and Westbury Junior School.
- (d) In the following schools certain children recommended by Assistant School Medical Officers as urgent cases received individual treatment :— Calne Trinity Junior, Calne Guthrie's Infants', Collingbourne Kingston, Devizes St. Peter's Infants', Kington Langley, Lea & Garsdon, Lyneham, Malmesbury Infants', Melksham Church of England Infants', Potterne, Southwick and Stanton St. Bernard.

These children were taught individually a few simple exercises to be done daily and the regular practice of these exercises was supervised by Teachers.

In some of the schools where this work has been taken over by the Teaching Staff, satisfactory results have now been gained, a few children showing such marked improvement as to be taken off the list for Remedials at the next Medical Inspection.

Chippenham Ivy Lane School in particular, where Remedial Exercises form a definite part of the daily Time-table, has shown very good and lasting results. The continuous work here has been carried on by the Staff, with great care and enthusiasm uninterruptedly for the last four years.

The new Board of Education Syllabus of Physical Training for Schools (1933) should greatly assist this work throughout the County as it strongly recommends exercises on the lines of those used in Remedial Classes in Wiltshire during recent years.

**Marlborough Children's Hospital.** This Hospital was established some two-and-a-half years ago in the old Marlborough Public Assistance Institution with only 26 beds, which by the end of 1932 had been increased to 40. The Institution has proved invaluable in dealing with the more severe cases of malnutrition and debility so frequently reported by the Medical Inspectors, and children convalescent from operation or serious illness. Indeed the list of cases awaiting admission became so great that in the Spring it was found necessary to add a further 16 beds and this number was again increased before the end of the year by 18, making a total of 74 beds. This accommodation provides for the admission of children under five years of age but no definite number of beds is allocated to them as such cases are comparatively few.

The staff of the Hospital consists of a part-time Medical Officer—Dr. W. B. Maurice of Marlborough—a Matron, four attendants and a night nurse, as well as cook and necessary household workers.

In view of the increased number of children and the difficulty of arranging for their part-time attendance at the local schools, a whole time teacher was appointed with the approval of the Board of Education in September.



The Hospital is still, of course, officially a Public Assistance Institution but the Committee have now recognised the desirability of its appropriation to the Public Health Committee and steps to this end are being taken. It is not anticipated that the Ministry of Health will raise any difficulty and towards the end of the year the remaining few Public Assistance inmates who had, of course, been housed in a separate part of the building, were transferred to other Institutions.

The beds have been kept continuously occupied and during the year 189 children (119 boys and 70 girls) have been treated. Of these, 11 boys and 9 girls were under five years of age. The average length of stay was 18 weeks.

The proximity of the Savernake Hospital and the fact that Dr. Maurice is also on the staff of that Institution has proved of the greatest value in those cases requiring surgical treatment or more skilled nursing than can be provided at the Children's Hospital.

Where their circumstances permit, parents are asked to make weekly payments towards the cost of maintenance in accordance with their means, which are carefully investigated in each instance. Several Hospital Leagues also make contributions in approved cases.

The facilities afforded by the Hospital are becoming increasingly popular both amongst parents and medical practitioners, and the almost invariable improvement in the health of the children even after a comparatively short stay is obvious and, as our records show, is usually maintained after discharge.

## 8. INFECTIOUS DISEASES.

The system by which Head Teachers report cases of Infectious Diseases simultaneously to myself as School Medical Officer, and to district Medical Officers of Health and School Nurses, has continued in operation and has given valuable results. The rules as to exclusion of infected children and contacts, as laid down by the Board of Education in their Memorandum, have been carefully followed, with occasional modifications which have seemed desirable under special circumstances.

The following is the summary of such notifications:—

Scarlet Fever	.....	.....	161	Sore Throats	.....	.....	18
Diphtheria	.....	.....	58	Scabies	.....	.....	6
Measles	.....	.....	1,220	Impetigo	.....	.....	248
German Measles	.....	.....	39	Ringworm	.....	.....	61
Whooping Cough	.....	.....	958	Influenza	.....	.....	2,574
Chicken Pox	.....	.....	900	Other Diseases	.....	.....	448
Mumps	.....	.....	985				
			Total	.....	.....	.....	7,676

The following is a list of school closures during the past two years:—

	1933	1932
Measles	21	22
German Measles	.....	1
Mumps	2	2
Whooping Cough	18	5
Scarlet Fever	5	—
Diphtheria	4	1
Influenza	80	29
Chicken Pox	2	4
Other Conditions	2	2
Totals	134	66

When attendance falls below 60 per cent. through infectious disease, the School Medical Officer's certificate to that effect secures practically full grant. Such certificates were issued during the year in respect of 72 departments, as compared with 36 in 1932.

### 9. OPEN AIR EDUCATION.

The position remains the same as described in my 1932 and previous reports.

### 10. PHYSICAL TRAINING.

There are no special arrangements in the County for the supervision of preventive, as opposed to curative, physical training.

The Board of Education syllabus for 1933 has received the careful consideration of all interested in this subject, and the welcome of our experts in physical exercises and training. Apart from the question of finance no obstacle now remains to the proper administration of physical training throughout the schools in the County.

### 11. PROVISION OF MEALS.

There has been little change in the general arrangements outlined in last year's report for the provision of meals at school to children who are unable to return to their homes during the mid-day interval.

The sum of money available for the purchase of the necessary equipment has, however, been increased from £100 to £150, and three more schools, Devizes St. Joseph's, Trowbridge Adcroft Senior Girls', and Westbury Senior, have now been added to the list of those where satisfactory arrangements are in operation. On the whole the number of meals served daily also shows an increase.

The following details furnished by the Director of Education are of interest.

<i>School.</i>	<i>No. re- maining daily</i>	<i>No. of hot meals daily</i>	<i>No. of days per week meals served</i>	<i>Charge per child.</i>
Bradford Trinity	40—60	6—12	3	3d. per day
Calne Senior .....	160—200	90—100	5	2½d.—3½ per day
Corsham .....	18—40	6	1	3d. „ „
Devizes St. Joseph's .....	40—50	50	1	1d. „ „
Devizes Southbroom Senior .....	90—96	18	1	3d. „ „
Downton Council .....	90—100	30	3	3d. „ „
Durrington Council .....	120—150	21	3	3d. „ „
Mere Senior .....	65—80	40—55	5	3d. „ „ or 1s. per week
Pewsey Council Mixed .....	35—40	24	2	2d. per day
Purton .....	100—120	12—17	2	3d. „ „
Shrewton .....	60—72	18	2	3d. „ „
Upper Stratton Senior .....	70—80	6	1	4d. „ „
Trowbridge Adcroft Senior Girls.....	45—60	8—10	1	3d. or 4d. per day
Warminster Avenue .....	120	45—60	5	3d. per day.
Westbury Senior .....	100	4—7	2	4d. „ „

No formal action has been taken under the Act during the year in connection with the above.



Apart from the supply of milk on the recommendation of the Medical Inspectors as a part of treatment, see page 9, the scheme of the National Milk Publicity Council, or similar arrangements have been adopted in a number of schools, details of which are given below. These schemes are self-supporting, parents making a small weekly contribution. Whenever possible Grade A. milk is provided but in areas where this is not available the farm selected to supply the milk is inspected by the County Veterinary Staff so that there shall be no doubt as to the quality of the milk provided.

Other schools have introduced schemes on a similar basis for the supply of malted milk and other milk preparations instead of fresh milk.

	<i>No. of School Depart- ments.</i>	<i>Approximate No. of Children.</i>
FRESH MILK.		
National Milk Scheme .....	42	1240
Other Schemes .....	18	520
MALTED MILK and other Milk Preparations .....	53	1470

## 12. CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

(a) **Co-operation of Parents.** Every effort is made to enlist the co-operation of parents in the work of the doctors, dentists and nurses in the schools.

Parents are invited to all routine inspections, but their interest is not easy always to arouse in the medical examination of children who appear to them normal. The remedy of obvious defects, on the other hand, definitely interests the majority of parents, and in an increasing number of instances parents show their desire to avail themselves of facilities for treatment at the earliest possible moment.

(b) **Co-operation of Teachers.** The assistance received from teachers has been touched upon already in various connections, and as time goes on we tend to look more and more to the teaching staff for help. It is realised that this assistance often involves very considerable trouble and expenditure of time. It is absolutely essential to the school medical service, and I desire again to express appreciation of the help we have received from the teaching staff of all the Elementary Schools.

(c) **Co-operation of School Attendance Officers.** The work of the School Attendance Department is carried on with the closest co-ordination with the School Medical Department. School attendance is so intimately connected with the physical condition of the child that matters are continuously arising which require the joint consideration of the two Departments. The Medical Department has, or can obtain, the necessary information with regard to any condition of health which may prevent school attendance, and, on the other hand, the School Attendance Department, through its Officers, is frequently capable of rendering great assistance to medical work.

(d) **Co-operation of Voluntary Bodies.** Every use is made of the good offices of local residents interested in school children, whether they form Care Committees, as in a few instances, or whether they act alone.

Amongst voluntary bodies, the Orthopaedic Clinic Committees take a principal place, and co-operation with them is complete.

The Curry Memorial Trust Fund still continues its excellent work for the poorer school children of the County, and I am indebted to Mr. J. L. Martin, Hon. Secretary of the Fund, for the following report :—



"The Members of the Committee have pleasure in presenting the 24th Annual Report for the year ended December 31st, 1933.

"The applications for assistance numbered 205, those under the Wilts. L. E.A. totalling 165. "Eleven cases in the Trowbridge Area were assisted from the accumulated funds of Joseph Slade's Charity. Grants of two guineas in each case were made towards the cost of operations for hernia. Assistance was given for 'crooking boots', one case caliper splint, the cost of an artificial eye, and a 'supporting belt.' With the exception of the grants made from Joseph Slade's Charity in the Trowbridge Area either the whole or the greater part of the cost of treatment has been met by the Curry Fund."

"The payments made during this year were distributed amongst the various associations of the N.U.T. as follows :—

<i>Association.</i>	<i>No. of Applications.</i>	
	1932	1933
Chippenham .....	12	30
Devizes .....	21	24
Malmesbury .....	5	2
Marlborough .....	22	21
Salisbury (Wilts Area) .....	20	17
Warminster .....	11	11
Wilts (West) .....	23	31
Wilts (North) .....	34	29
	<hr/> 148	<hr/> 165

"The application forms supplied for the purpose of enquiry, are for *the sole use of the head teacher* and should not be handed to unauthorised persons. The Committee find it necessary to state that the consent of the Trustees must be obtained before aid is promised or given ; and reimbursements will not be granted for payments made without sanction.

"The best thanks of the Committee are again tendered to the Directors of the Swindon Town Football Club for the generous donation of three guineas ; and to the teachers and scholars of the Lowbourn School, Melksham, for their gift of £2-13-6. This recognition of the benefits received from the Fund over a number of years is greatly appreciated.

"Teachers are again reminded that application forms may be obtained from the School Medical Officer, County Offices, Trowbridge, and from the Hon. Secretary of the Fund (Mr. J. L. Martin, 24, Westbourne Gardens, Trowbridge).

"The best thanks of the Committee are due and are hereby tendered to the School Medical Officers for their kindly co-operation and advice at all times, and to the auditors, Messrs. Hughes & Padfield for examining the accounts."

### 13. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

No effort is spared to keep the list of defective children under the above heading accurate and complete. Information with regard to all such children attending school is, of course, readily available from medical inspection records. Children not attending school are known to teachers and school attendance officers, and there is no reasonable possibility of their failing to be discovered.

#### *Blind Children.*

There are five totally blind school children belonging to the County, four of whom are in a Residential Blind School, and one not attending an elementary school. This case is still under consideration with a view to admission to a special school.



In addition to the above totally blind cases, certain children have vision so defective as to be classed as only suitable for training in a school or class for the partially blind. Facilities for these children are now available at Westbury-on-Trym Residential Blind School, and nine Wiltshire children with seriously defective sight have received training during the year at that Institution. One girl is receiving training at New Street School for Partially Blind Children, Bristol.

Of the six students who during the five years ending 1932 have completed their training in Residential Institutions, one is at home and said to be working on the land. One developed phthisis and has since died. One is a music teacher and piano tuner, two have been registered as home workers under the supervision of the Bristol Royal Blind Asylum Workshops and one was discharged on account of her health.

During 1933 the following students completed their training :—

- One girl (aged 21)—Is keeping up her music but unable to teach.
- One man (aged 27)—Is registered as a Home Worker.
- One man (aged 39)—Has started a boot repairing business.

#### *Deaf and Dumb Children.*

Of the thirty-one cases of deaf and dumb, or partially deaf children, twenty are in certified Residential Schools, and one is on the waiting list for a Special School. Ten children are partially deaf only and at present are attending ordinary elementary schools.

Of the eleven students who during the five years ending 1932 have completed their training in Residential Institutions, four are earning their living as French polisher, photographic assistant and farm labourers respectively, one is doing odd jobs in gardening, one is married and has left the area, two are in domestic service, one is apprenticed to the confectionery trade, one is apprenticed to the carpentering trade, and one is at work in the polishing department of a chair factory.

During 1933, the following completed their education or training :—

- One girl (aged 16)—Has removed to Chatham—lip reads very well but is a poor speaker.
- One girl (aged 16)—Is required by her mother to help at home—lip reads and speaks fairly well.
- One boy (aged 16)—Employed in chair factory, Warminster.
- One boy (aged 17)—Employed by baker in Derby.
- One girl (aged 16)—Is attending a course at School of Domestic Science, Trowbridge.
- Two girls (aged 18)—Following a year's training in Domestic Science are in service in Essex.

#### *Mentally Defective Children.*

There are one hundred and forty feeble-minded children of school age who are above the grade of imbecile, that is who are educable in a special school or class under the Education Act, 1921. Fourteen are in residential special schools, one attends the Westcott day special school, Swindon, and one hundred and twenty attend the ordinary elementary schools. The feeble-minded girl mentioned in previous reports is still detained in an approved school. One boy, who was at the Stratton Public Assistance Institution on the 1st January, 1934, has since been notified to the Statutory Committee and has been sent by that Committee to the Devizes Public Assistance Institution. Another boy is at No. 2, The Villas, Stratton St. Margaret, and is unfit to attend school. Two girls are also not attending school. A satisfactory feature in this matter is that most of the children living in their own homes are under the supervision of the Wilts Voluntary Association for Mental Welfare, through an arrangement with the General Education Committee. The information received through the



Voluntary Association is of value in allowing opportunity for intervention when this is desirable. Unfortunately, however, although in certain cases there can be no question as to the desirability of removal to a residential special school, it continues to be very difficult to obtain the necessary vacancies in such institutions. For the general run of the so-called "educable" feeble-minded children of the County, there is no opportunity for any sort of special education.

The large number of persons under the care of the Statutory Committee has been augmented during the year by the addition of two idiots, ten imbeciles, and six "ineducable" feeble-minded children, who were notified to that Authority by the Education Committee. Two of this annual group of notified cases continue to attend ordinary elementary schools, three are over school age, four have been excluded from school, eight have been sent to certified institutions and one placed under guardianship by the Statutory Committee. The Devizes Public Assistance Institution, with its accommodation for thirty-two boys, has continued to render good service in absorbing "ineducable" children, who would otherwise either have to remain at home or attend an elementary school with doubtful benefit. The Purton Public Assistance Institution has also been certified by the Board of Control for the reception of eighteen low-grade children—idiots and cot and chair cases—and there were seventeen children in residence on the 1st January, 1934, including a few who were under school age.

The Authority has no special schools.

Dr. Monnington, the County Physician for Nervous Disorders, has continued to act as consultant for difficult cases, and examined two children during the year. One was reported as not certifiable, and the other was graded as feeble-minded. During Dr. Monnington's illness, Dr. Gordon, of Bath, examined one case in his stead, and reported that the boy was not certifiable.

As the whole official work in connection with the Mental Deficiency Acts dealing with persons of all ages is administered from the Health Department, all overlapping with the work of the Statutory Committee is avoided and a continuous record of the history of each case is available without a break.

Of the eleven children who, during the last five years, have completed their training in residential institutions, five are either at home or employed in domestic service or farm work, and six are in institutions, mainly because of bad home conditions.

#### *Epileptics.*

Of the thirteen known cases of severe epilepsy, only one is in a certified residential school. Four are attending ordinary elementary schools, and eight are unfit to attend any school.

Of the four students who, during the last six years, have completed their training in Residential Institutions, one, who received training in carpentry, is at home unemployed and has a fit about every month, two have fits so frequently that they are unable to do anything but light housework, and one has been certified as being feeble-minded and is detained in an institution under the Mental Deficiency Act.

#### *Cripples.*

Of the seven students who during the five years ending 1932, have completed their training in Residential Institutions, two are earning a living in bootmaking, (one is self-supporting—the other is not, mainly because of the smallness of the village in which he lives), one is doing tailoring, but as he also lives in a small village this does not give him sufficient occupation; one is working on a farm, and three are at home doing nothing.



During 1933, one man (aged 24) completed his training and is reported to have started a boot repairing business in Weymouth.

#### **14. FULL TIME COURSES OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.**

All physical defectives in need of training are now dealt with in the first instant by the County Public Health Committee and recommendations are made to the General Education Committee. Each application is carefully investigated by a member of the Medical Staff before any recommendation for training is made.

During the year training has been given in the following cases :—  
Five blind, three deaf and seven cripples.

There are no courses maintained by this Authority.

A summary of the records of the after-careers of students who have completed training is given under the appropriate sub-headings, in Section 13.

#### **15. NURSERY SCHOOLS.**

There are none in the County.

#### **16. SECONDARY SCHOOLS.**

The second part of this Report gives details of the Medical Inspection of Secondary Schools during the year.

#### **17. PARENTS' PAYMENTS.**

All contributions from parents towards cost of treatment are collected by the County Treasurer's Department, except dental fees which are collected by the County Dental Surgeons when treatment is given.

#### **18. HEALTH EDUCATION.**

The Board of Education's handbook of suggestions on Health Education has been issued to all Head Teachers in the County. Leaflets issued by the Dental Board of the United Kingdom are also distributed to school children by members of the County Dental Staff.

The circulation of printed matter to teachers or children is not enough. None, who are acquainted with elementary and secondary schools, can fail to be struck by the fact that no part of the curriculum is devoted to health teaching, and such teaching if given at all finds a place only through the keenness and the ingenuity of some particular head teacher. In my view a definite place should be allotted to health teaching in the school syllabus, and the issue of the Board's new handbook makes the present a most opportune time for the consideration of this matter.

#### **19. SPECIAL INQUIRIES.**

No special inquiries were carried out during the year.

#### **20. MISCELLANEOUS.**

Fourteen supplementary teachers, fifteen student teachers, fifteen candidates for University Scholarships, and ten candidates for appointment to the Royal Air Force have been medically examined during the year.

Various other medical reports have also been submitted as special circumstances have arisen.



# **ELEMENTARY SCHOOLS.**

**TABLE I.—Return of Medical Inspections.**

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	.....	.....	.....	.....	.....	2,939
Second Age Group	.....	.....	.....	.....	.....	2,947
Third Age Group	.....	.....	.....	.....	.....	3,335
Total	.....	.....	.....	.....	.....	<u>9,221</u>

Number of other Routine Inspections	.....	.....	.....	.....	.....	203
-------------------------------------	-------	-------	-------	-------	-------	-----

## B.—OTHER INSPECTIONS.

Number of Special Inspections	.....	.....	.....	.....	.....	624
Number of Re-Inspections	.....	.....	.....	.....	.....	15,647
Total	.....	.....	.....	.....	.....	<u>16,271</u>

TABLE II. (A).

Return of Defects found by Medical Inspection in the Year Ended 31st December, 1933.

Defect or Disease		ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
	Malnutrition .....	735	137	69	7
Skin	Ringworm :—				
	Scalp .....	8	—	—	—
	Body .....	6	—	2	—
	Scabies .....	11	—	3	—
	Impetigo .....	12	—	3	—
	Other Diseases (Non-Tuberculous) .....	34	18	6	2
Eye .....	Blepharitis .....	38	14	6	2
	Conjunctivitis .....	9	3	—	—
	Keratitis .....	—	—	—	—
	Corneal Opacities .....	—	2	—	—
	Defective Vision (excluding Squint).....	290	257	57	12
	Squint .....	36	55	8	3
	Other Conditions .....	17	8	3	3
Ear .....	Defective Hearing .....	17	13	4	1
	Otitis Media .....	31	19	5	5
	Other Ear Diseases .....	16	9	2	4
Nose and Throat .....	Enlarged Tonsils only .....	69	412	10	12
	Adenoids only .....	28	47	2	5
	Enlarged Tonsils and Adenoids .....	227	274	26	14
	†Other Conditions .....	41	42	6	3
	†Includes Children Suffering from Goitre .....	19	15	4	1
Enlarged Cervical Glands (Non-Tuberculous) .....		10	34	1	—
Defective Speech .....		2	16	1	2
Heart and Circulation .....	Heart Disease :—				
	Organic .....	47	55	6	1
	Functional .....	3	68	1	4
	Anaemia .....	42	33	14	1
Lungs .....	Bronchitis .....	64	57	1	3
	Other Non-Tuberculous Diseases .....	16	20	1	1



TABLE II. (A). (Continued.)

Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1933.

Defect or Disease		ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
<b>Tuberculosis</b>	Pulmonary :—				
	Definite .....	—	—	—	—
	Suspected .....	—	—	1	—
	Non-Pulmonary :—				
	Glands .....	—	3	2	—
	Bones and Joints .....	1	1	—	—
<b>Nervous System</b>	Skin .....	—	—	—	—
	Other Forms .....	—	—	—	—
<b>Deformities</b>	Epilepsy .....	3	12	3	4
	Chorea .....	—	3	1	—
	Other Conditions .....	11	65	1	4
<b>Other Defects and Diseases</b> (excluding Uncleanliness and Dental Diseases)	Rickets .....	10	14	3	—
	Spinal Curvature .....	87	26	2	1
	Other Forms .....	295	122	14	4
		133	190	26	14

TABLE II. (B).

Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases.)

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
Prescribed Groups :—			
Entrants .....	2,939	659	22.42
Second Age Group .....	2,947	805	27.32
Third Age Group .....	3,335	677	20.30
Total (Prescribed Groups) .....	9,221	2,141	23.22
Other Routine Inspections .....	203	34	16.75

TABLE III.

## Return of all Exceptional Children in the Area.

## CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only given in respect of children suffering from any combination of the following types of defect:—

Blindness (NOT Partial Blindness); Deafness (NOT Partial Deafness); Mental Defect; Epilepsy; Active Tuberculosis; Crippling (as defined in the penultimate category of the Table); Heart Disease.

The actual combination of defects are stated on a separate sheet, together with the type of school attended.

Number of children suffering from any combination of the above defects ..... 17\*

\*Details given at end of Table III.

## BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
4	.....	.....	1	5

## PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
9	1	.....	.....	.....	10

## DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
20	.....	.....	1	21

## PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
.....	.....	10	.....	.....	10

## MENTALLY DEFECTIVE CHILDREN.

## FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
15	120	3	2	140



## EPILEPTIC CHILDREN.

Children suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	4	.....	8	13

## PHYSICALLY DEFECTIVE CHILDREN.

## A.—TUBERCULOUS CHILDREN.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS. (Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
.....	.....	2	.....	2

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS. (This category includes tuberculosis of all sites other than those shown in (I) above).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	40	10	11	66

## B.—DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
.....	42	14	1	57

## C.—CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
13	56	.....	16	85

## D.—CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
.....	.....	.....	3	3

### DETAILS OF CHILDREN WITH MULTIPLE DEFECTS.

**Severe Epileptics and Feeble Minded**

Not attending School ... .. 2 Boys 1 Girl

**Gripped and Feeble Minded**

Not attending School ... .. \*5 Boys 6 Girls

Attending Elementary Schools ..... 2 Boys —

**Tuberculous and Mentally Defective**

Not Attending School ... .. 1 Boy —

TOTAL 10 Boys 7 Girls

\* One boy is in a Public Assistance Institution.

### STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 1933, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

.....  
Total Number of Children Notified, 18.  
.....

### ANALYSIS OF THE ABOVE TOTAL.

	Diagnosis.	Boys.	Girls.
1.	(i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—		
	(a) Idiots ..... ..	1	1
	(b) Imbeciles ..... ..	2	8
	(c) Others ..... ..	1	4
	(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :—		
	(a) Moral defectives ..... ..	—	—
	(b) Others ..... ..	1	—
2.	Feeble-minded children notified on leaving a Special School on or before attaining the age of 16.	—	—
3.	Feeble-minded children notified under Article 3, i.e., "special circumstances" cases ..... ..	—	—
4.	Children who in addition to being mentally defective were blind or deaf.....	—	—
	Grand Total ..... ..	5	13



**TABLE IV.—Return of Defects Treated During the Year Ended 31st December, 1933.**  
**Treatment Table.**

**Group I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP VI.)**

Defect or Disease.  (1)	Number of Defects treated, or under Treatment during the year.		
	Under the Authority's Scheme.  (2)	Otherwise.  (3)	Total.  (4)
<b>Skin :—</b>			
Ringworm—Scalp .....	105	17	122
Ringworm—Body .....	34	4	38
Scabies .....	44	4	48
Impetigo .....	789	23	812
Other Skin Disease .....	45	4	49
<b>Minor Eye Defects :—</b> (External and other, but excluding cases falling in Group II.) .....	189	5	194
<b>Minor Ear Defects</b> .....	15	8	23
<b>Miscellaneous :—</b> (e.g., minor injuries, bruises, sores, chilblains, etc.).....	171	19	190†
<b>Total</b> .....	1,392	84	1,476

†This total includes 39 children treated for Goitre.

**Group II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS.  
—GROUP I.)**

Defect or Disease  (1)	Number of Defects dealt with.			
	Under the Authority's Scheme.  (2)	By private prac- titioner or at hospital, apart from the Authority's Scheme.  (3)	Otherwise.  (4)	Total.  (5)
Errors of Refraction (including Squint) .....	750	16	15	781
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) .....	47	3	—	50
<b>Total</b> .....	797	19	15	831

Number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme .....	639
(b) Otherwise .....	13

Number of children for whom spectacles were obtained :—

(a) Under the Authority's Scheme .....	576
(b) Otherwise .....	11

**Group III.****TREATMENT OF DEFECTS OF EAR, NOSE AND THROAT.**

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
43	12	388	40	9	—	21	—	52	12	409	40	42	555

(i) Tonsils only.      (ii) Adenoids only.      (iii) Tonsils and adenoids.      (iv) Other defects  
of the ear, nose and throat.

**Group IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.**

	Under the Authority's Scheme (1)			Otherwise. (2)			Total number treated
	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic.	Residential treatment with education	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic.	
	(i)	(ii)	(iii)	(1)	(ii)	(iii)	
Number of children treated .....	46	.....	404	.....	.....	.....	415



## Group V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by Dentists :—

				Aged		No. Inspected.				
Routine Age Groups	{	3	...	...	...	53	}	Total	...	16,037
		4	...	...	...	520				
		5	...	...	...	1,326				
		6	...	...	...	1,511				
		7	...	...	...	1,528				
		8	...	...	...	1,706				
		9	...	...	...	1,840				
		10	...	...	...	1,865				
		11	...	...	...	1,783				
		12	...	...	...	1,939				
		13	...	...	...	1,719				
		14	...	...	...	245				
		15	...	...	...	2				
Specials		...	...	...	...	...	...	...	127	
Grand Total									...	16,164
(b) Found to require treatment				...	...	...	...	...	11,294	
(c) Actually treated				...	...	...	...	...	7,912	

(2) Half-days devoted to :—

Inspection	...	...	...	238	Total	...	...	1,316
Treatment	...	...	...	1,078				

(3) Attendances made by children for treatment ... 9,182

(4) Fillings :—

Permanent Teeth	...	...	2,481	Total	...	...	2,888
Temporary Teeth	...	...	407				

(5) Extractions :—

Permanent Teeth	...	...	1,768	Total	...	...	13,432
Temporary Teeth	...	...	11,664				

(6) Administrations of general anaesthetics for extractions ... 115

(7) Other operations :—

Permanent Teeth	...	...	909	Total	...	...	965
Temporary Teeth	...	...	56				

**Group VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.**

(i)	Average number of visits per school made during the year by the School Nurses	6
(ii)	Total number of examinations of children in the Schools by School Nurses ...	157,768
(iii)	Number of individual children found unclean ... ..	1,454
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority ... ..	—
(v.)	Number of cases in which legal proceedings were taken —	—
	(a) Under the Education Act, 1921 ... ..	—
	(b) Under School Attendance Bye-laws ... ..	—

**TABLE V.—Summary of Nurses' Reports received for 1933.**

Defect or Disease.								No. of Cases Discovered.
Malnutrition	...	...	...	...	...	...	...	—
Clothing and Footgear	...	...	...	...	...	...	...	109
Uncleanliness	...	...	...	...	...	...	...	1,413
SKIN—								
Ringworm —								
Scalp	...	...	...	...	...	...	...	87
Body	...	...	...	...	...	...	...	24
Scabies	...	...	...	...	...	...	...	30
Impetigo	...	...	...	...	...	...	...	679
Other Diseases	...	...	...	...	...	...	...	28
EYE—								
Defective Vision and Squint			...	...	...	...	...	28
External Eye Disease	...	...	...	...	...	...	...	128
EAR—								
Defective Hearing	...	...	...	...	...	...	...	1
Ear Disease	...	...	...	...	...	...	...	10
NOSE AND THROAT—								
Enlarged Tonsils	...	...	...	...	...	...	...	39
Adenoids	...	...	...	...	...	...	...	—
Enlarged Tonsils and Adenoids			...	...	...	...	...	—
GOITRE	...	...	...	...	...	...	...	2
MINOR INJURIES, BRUISES, SORES, ETC.				...	...	...	...	80
OTHER DEFECTS AND DISEASES				...	...	...	...	94
Total								2,752



## SECONDARY SCHOOLS.

### MEDICAL INSPECTION.

Medical inspection and treatment is arranged by the County Council in the following 10 of the 14 secondary schools in the County:—

<i>Provided.</i>	<i>Aided.</i>
Malmesbury	Bradford-on-Avon
South Wilts School for Girls,	Calne
Salisbury	Chippenham
Trowbridge Boys' High	Devizes
Trowbridge Girls' High	Marlborough Grammar
	Salisbury, Bishop Wordsworth's

The Swindon Education Authority undertakes the medical inspection and treatment at the three aided secondary schools in that Borough, whilst the school at West Lavington, also aided, has its own arrangements for medical supervision.

**Age Groups for Inspection.** All the pupils in the 10 schools, with the exception of those in preparatory departments, are fully medically examined not less than three times during their school careers, in the following main groups: Entrants, Intermediates and Leavers. Scholars whom the Headmaster or Headmistress has reason to think should be medically examined may be put forward as "special" cases at any of the Assistant School Medical Officers' visits. The number on the rolls on the 1st October totalled 2,456.

Special attention is paid to the new scholars, and medical examination is now a condition of retention at the schools. Hitherto entrants have always been examined towards the end of the summer term prior to their admission in the following September, but owing to the altered conditions under which places at the secondary schools are now allocated and the consequent delay in making the final awards, it was not possible this year to arrange the inspection until the Autumn term. The routine inspection of the "intermediates" and "leavers," which previously had been held during that term had accordingly to be deferred until the following Spring term, except at one school, where owing to pressure of time, the examination of the intermediate group had already been held over from the previous year.

Five hundred and one new scholars were examined of whom 14.57 per cent. were found to require treatment, as compared with 506 and a percentage of 21.94 in 1932.

Table II(A). gives a detailed summary of the defects found on inspection and it will be noted that the majority were in respect of vision, nutrition, posture and tonsils and adenoids.

**Following Up.** All pupils found on routine examination to be defective, are re-inspected on each of the Medical Inspectors' bi-annual visits, and during the year 828 such re-inspections were made. By this means, any cases where no attempt has been made to follow the advice previously given are disclosed, and every effort is then made to ensure that the appropriate treatment is carried out.

### MEDICAL TREATMENT.

Treatment is provided on practically the same lines as in the Elementary Schools, under the following heads, and parents' payments are assessed on the same basis.



**Visual Defects.** One hundred and two cases of refractive error were referred to the three County Oculists as compared with 117 last year. Glasses were prescribed in 87 cases and actually obtained in 85—a percentage of 98 as compared with 93 in 1932. In addition, 107 scholars for whom glasses had been previously prescribed, were seen at the clinics, but no change of glasses was recommended. Altogether 232 attendances were made.

Three children suffering from minor external eye diseases were treated by the school nurses on the advice of the Medical Inspectors.

A few parents still prefer to obtain private ophthalmic advice for their children, and glasses were so prescribed in eight instances and subsequently obtained in seven.

Table IV—Group II. summarises the year's work under this head.

**Dental Defects.** Dental inspection and treatment is confined to scholars who previously attended elementary schools, apart from any cases specially recommended for treatment by the Medical Inspectors and occasionally by the Headmasters.

The report of the Senior County Dental Officer is as follows:—

“All the schools have been visited and the Dental Officers have inspected 1,463 scholars. Of these 880, or 60 per cent. of the number inspected, were found to require treatment. Treatment was accepted by 547 scholars, representing 62 per cent. of those requiring treatment, a slight increase of one per cent. on the figure for the previous year. Many parents who refuse treatment for their children, state that it will be carried out privately, but it is usually found at a subsequent inspection that the promised visit to a private practitioner has not been made. When it is obvious to the School Dental Officer that a child's mouth is being cared for privately, that child is free from future inspections. This avoids inspection of children who receive regular dental treatment at the hands of private dentists. I am glad to report that at one Secondary School in the County all the scholars requiring treatment were treated by the School Dental Officer. This is the first time we have had 100 per cent. acceptances at a Secondary School.”

Table IV—Group IV. gives detailed figures of the Dental Officers' work during the year.

**Tonsils and Adenoids.** This heading embraces only those cases recommended for operation from the schools by the Medical Inspectors with the concurrence of the family doctors and, of course, the parents' consent. The more complicated ear, nose and throat cases are dealt with in the next section.

Four operations for enlarged tonsils and adenoids were performed under the County Council's arrangements during the year. In addition, one operation for tonsils only was carried out privately, making a total of five operations in all.

**Ear Disease and Hearing.** Twenty-four children suffering from defects of the ear, nose and throat, other than simple cases of tonsils and adenoids, were referred to the special clinics as compared with 31 last year. These cases are summarised in the following table, which indicates also the centre attended.



CENTRE.	No. of children examined.	RECOMMENDED FOR OPERATION.					OPERATION PERFORMED.					OTHERWISE TREATED.		Attendances at Out-Patient Clinic.
		(i)	(ii)	(iii)	(iv)	(v)	(i)	(ii)	(iii)	(iv)	(v)	Without Operation.	In addition to Operation.	
Malmesbury	2	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Salisbury	6	.....	1	2	.....	.....	.....	.....	1	.....	.....	1	.....	20
Savernake	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Swindon	4	.....	.....	.....	.....	1	.....	.....	.....	.....	1	.....	.....	12
Trowbridge	12	.....	.....	5	.....	1	.....	.....	3	.....	.....	2	.....	15
Totals	24	.....	1	8	.....	2	.....	.....	4	.....	1	3	.....	49

(i) Tonsils. (ii) Adenoids. (iii) Tonsils and Adenoids. (iv) Mastoid. (v) Other.

It will be noted that the total recommendations as to treatment do not agree with the number of children examined. This is explained by the fact that occasionally old cases are referred back to the clinics by the Medical Inspectors and no further treatment is recommended, whilst others simply attend after discharge from hospital so that the surgeons may satisfy themselves as to the results of operation.

**Crippling Defects.** Only two cases of crippling defect sufficiently serious to be dealt with by an orthopaedic surgeon were referred to the out-patient clinics during the year. Twenty-eight cases, however, continued to attend the clinics, and the total cases at present under treatment are summarised in the appended table:—

Defect.	Clinic.					Total
	Corsham.	Devizes.	Salisbury.	Swindon.	Trowbridge.	
Surgical Tuberculosis .....	—	—	1	—	—	1
Congenital Deformities .....	1	—	—	—	2	3
Infantile Paralysis .....	—	—	2	—	—	2
Rickets .....	6	1	—	—	—	7
Spastic Paralysis .....	—	—	—	—	—	—
Scoliosis .....	—	—	—	1	—	1
Osteomyelitis .....	1	—	—	—	—	1
Postural Defects .....	3	2	—	—	2	7
Other Defects .....	2	2	1	1	2	8
<b>Total</b> .....	13	5	4	2	6	30

During the year, two cases received in-patient treatment at the Bath and Wessex Children's Orthopaedic Hospital.

Cases of minor deformity, such as faulty posture and flat feet, are far more numerous and where possible, are referred to Miss Rolleston, County Instructress of Remedial Exercises to deal with.

Miss Rolleston's report of the work in Secondary Schools for the year, is as follows:

"After school medical inspection a number of cases of minor deformity and postural defects are reported as suitable for treatment in school instead of at a clinic. Remedial exercises, as recommended by the School Medical Inspectors, are started in the different schools for these cases by the County Instructress.

"Where the girls are concerned there is seldom any difficulty in getting the treatment continued. Even in the absence of an expert there is generally a mistress on the staff who takes a particular interest in the physical well-being of the girls and who, after observing some remedial classes conducted by the Instructress, is able and willing to supervise their remedial exercises once or twice a week.



“In the Girls’ Schools, at both Salisbury and Trowbridge, some 40 or more girls “are effectively dealt with in the year by a trained gymnast. At the following medical “inspection these girls are not infrequently found to be quite fit and the case can then “be closed for remedials. The results in the last term at Trowbridge Girls’ High School “have been most striking and bear witness to the skilled and enthusiastic work of the “gymnast with these special cases.

“It is disappointing to record that such treatment is not also carried on for the “boys in our Secondary Schools. Where boys’ classes have, for a period, been conducted “by the County Instructress, at the recommendation of the Assistant School Medical Officers, the “temporary benefit to these boys is often lost by the classes being abandoned as soon as the “Instructress is forced to discontinue her personal supervision of the Remedial Exercises, “owing to fresh demands upon her time in other centres. As a result, the postural defects “among boys are still as marked as ever. This is due not so much to indifference as to “the fact that the Headmasters in the County regret their inability to find any master “on the staff ready seriously to undertake this work. It is hardly necessary to point out “that coaching in games and general sports, however keen and thorough, cannot take the “place of definite posture training.

“It is, however, pleasant to record that one Headmaster, who fully realises the value “of supervising the physical development of growing school children, has instituted in his “school an examination of each boy’s physique, the results of which now constitute a “section of the regular school reports distributed to parents. As this examination is to “be repeated annually, it will afford an excellent opportunity for judging whether the “school system of physical training is really satisfactory, especially with regard to the “correction of minor orthopaedic defects.

“Some Headmasters have suggested that there is a great need for a man expert “in this County to deal with the problem of postural defects and also to give help and “guidance in the physical training of older boys in both secondary and elementary schools.”

**Heart Clinics.** No new cases were referred to the clinics during the year but nine old cases were seen again as recommended by the Consulting Heart Physicians, and the following table shows the attendances made :—

<i>Centre.</i>	<i>No. of attendances made.</i>					
Chippenham	.....	.....	.....	.....	.....	3
Malmesbury	.....	.....	.....	.....	.....	—
Salisbury	.....	.....	.....	.....	.....	—
Savernake	.....	.....	.....	.....	.....	1
Swindon	.....	.....	.....	.....	.....	—
Trowbridge	.....	.....	.....	.....	.....	6
						—
						10
						—

In these nine cases, the previous diagnosis of rheumatic heart infection was confirmed in one instance, congenital heart disease in two, and no organic disease in five, whilst the remaining one was still suspected to be suffering from rheumatic heart disease.

The treatment advised is summarised below:—

	Clinic.	No. of children examined.	Restrictions as to drill and games.	General treatment by family Doctor.	No treatment or restrictions.
	Chippenham	3	1	—	2
	Malmesbury	—	—	—	—
	Salisbury	—	—	—	—
	Savernake	1	1	1	—
	Swindon	—	—	—	—
	Trowbridge	5	—	—	5
		9	2	1	7

**Feeding of Ill-Nourished Children.** Twenty-four cases of malnutrition were reported amongst the 536 scholars examined, in addition to 69 children recommended for further treatment as a result of re-inspection. Of these 93 children, 63 are being provided with cod liver oil emulsion at school and two are receiving milk daily for a period of three months each as recommended by the Medical Inspectors. In the remaining 28 instances it was considered that the parents were able to provide the emulsion or extra milk themselves and they were advised accordingly.

**Uncleanliness.** No case of uncleanliness, either of the head or body, was reported during the year.

**Goitre.** Only two cases are receiving treatment under the County scheme at school. Two others are being dealt with by the respective family doctors.

Medical work in the Secondary Schools has proceeded with great smoothness during the year, and I desire to express appreciation of the help we have received from the teaching staffs of the 10 Schools. The arrangement of medical inspection, dental treatment and remedial exercises has only been efficiently accomplished by much forethought and help, particularly when, as frequently occurs, medical work tends to interfere with the teaching routine.



## SECONDARY SCHOOLS

### TABLE I.

### Return of Medical Inspections.

### A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants	.....	.....	.....	.....	.....	.....	501
Second Age Group (Intermediates)				.....	.....	.....	35
Third Age Group (Leavers)			.....	.....	.....	.....	—
Total				.....	.....	.....	<u>536</u>

Number of other Routine Inspections .....

### B.—OTHER INSPECTIONS.

Number of Special Inspections	.....	.....	----	----	----	1
Number of Re-Inspections	----	----	.....	.....	.....	828
			Total	.....	.....	<u>829</u>

TABLE II (A)

Return of Defects found by Medical Inspection in the Year Ended 31st December, 1933.

Defect or Disease		ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
	Malnutrition .....	23	6	1	—
Skin .....	Ringworm :—				
	Scalp .....	—	—	—	—
	Body .....	—	—	—	—
	Scabies .....	—	—	—	—
	Impetigo .....	—	—	—	—
	Other Diseases (Non-Tuberculous) .....	—	1	—	—
Eye .....	Blepharitis .....	—	—	—	—
	Conjunctivitis .....	1	1	—	—
	Keratitis .....	—	—	—	—
	Corneal Opacities .....	—	—	—	—
	Defective Vision (excluding Squint) .....	29	34	—	—
	Squint .....	—	1	—	—
	Other Conditions .....	—	2	—	—
Ear .....	Defective Hearing .....	1	1	—	—
	Otitis Media .....	—	—	—	—
	Other Ear Diseases .....	1	1	—	—
Nose and Throat	Enlarged Tonsils only .....	3	14	—	—
	Adenoids only .....	—	1	—	—
	Enlarged Tonsils and Adenoids .....	8	3	—	—
	Other Conditions .....	4	1	—	—
Enlarged Cervical Glands (Non-Tuberculous) .....		—	2	—	—
Defective Speech .....		—	—	—	—
Heart and Circulation .....	Heart Disease :—				
	Organic .....	—	1	—	—
	Functional .....	—	6	—	—
	Anaemia .....	—	—	—	—



TABLE II. (A.) (Continued.)

Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1933.

Defect or Disease		ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
<b>Lungs</b> .....	Bronchitis .....	—	—	—	—
	Other Non-Tuberculous Diseases .....	—	—	—	—
<b>Tuberculosis</b> .....	Pulmonary				
	Definite .....	—	—	—	—
	Suspected .....	—	—	—	—
	Non-Pulmonary :—				
	Glands .....	—	—	—	—
	Bones and Joints .....	—	—	—	—
<b>Nervous System</b> .....	Skin .....	—	—	—	—
	Other Forms .....	—	—	—	—
	Epilepsy .....	—	—	—	—
<b>Deformities</b> .....	Chorea .....	—	—	—	—
	Other Conditions .....	—	1	—	—
	Rickets .....	—	—	—	—
<b>Goitre</b> .....	Spinal Curvature .....	23	3	—	—
	Other Forms .....	32	5	—	—
		2	1	—	—
<b>Other Defects &amp; Diseases</b> (excluding Uncleanliness and Dental Diseases) .....		12	9	—	—

TABLE II. (B.)

Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases.)

Group	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
Prescribed Groups :—			
Entrants .....	501	73	14.57
Second Age Group .....	35	2	5.71
Third Age Group .....	—	—	—
<b>Total (Prescribed Groups)</b> .....	536	75	13.99
<b>Other Routine Inspections</b> .....	—	—	—

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1933.

## Group II.

DEFECTIVE VISION AND SQUINT.

*(Excluding Minor Eye Defects Treated as Minor Ailments).*

Defect or Disease.  (1)	Number of Defects dealt with.			
	Under the Authority's Scheme.  (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.  (3)	Otherwise.  (4)	Total.  (5)
Errors of Refraction (Including Squint) .....	102	7	6	115
Other Defect or Disease of the Eye (excluding those recorded in Group 1) .....	3	1	—	4
Totals .....	105	8	6	119

## NUMBER OF CHILDREN FOR WHOM SPECTACLES WERE PRESCRIBED :—

(a) Under the Authority's Scheme .....	87
(b) Otherwise .....	8

## NUMBER OF CHILDREN FOR WHOM SPECTACLES WERE OBTAINED :—

(a) Under the Authority's Scheme .....	85
(b) Otherwise .....	7

## Group III.

TREATMENT OF DEFECTS OF EAR, NOSE AND THROAT.

Number of Defects.												Received other forms of Treatment.	Total Number Treated.
Received Operative Treatment.													
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme				Total					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
1	—	8	1	1	—	—	—	2	—	8	1	3	14

(i) Tonsils only.

(ii) Adenoids only.

(iii) Tonsils and Adenoids.  
nose and throat.

(iv) Other defects of the ear,



**Group IV.**—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme (1)			Otherwise. (2)			Total number treated
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non- residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education (iv)	Residential treatment without education. (v)	Non- residential treatment at an orthopaedic clinic. (vi)	
Number of children treated .....	2	—	30	—	—	—	30

## Group V.

## DENTAL DEFECTS.

(1) Number of Children who were :—

(i) Inspected by the Dentist :—

				<i>Aged</i>				<i>No. Inspected.</i>			
Routine Age Groups				{	7	.....	.....	.....	.....	1	
					8	.....	.....	.....	.....	1	
					9	.....	.....	.....	.....	1	
					10	.....	.....	.....	.....	18	
					11	.....	.....	.....	.....	180	
					12	.....	.....	.....	.....	400	
					13	.....	.....	.....	.....	316	
					14	.....	.....	.....	.....	223	
					15	.....	.....	.....	.....	183	
					16	.....	.....	.....	.....	101	
					17	.....	.....	.....	.....	24	
					18	.....	.....	.....	.....	15	
											<hr/>
Specials											1,463
											<hr/>
Grand Total											1,463
											<hr/>

(ii) Found to require treatment ..... 880

(iii) Actually treated ..... 547

(2) Half-days devoted to	.....	{	Inspection	.....	20	}	Total	.....	131
			Treatment	.....	111				

(3) Attendances made by children for treatment ..... 747

(4) Fillings	.....	{	Permanent Teeth	649	}	Total	.....	650
			Temporary Teeth	1				

(5) Extractions	.....	{	Permanent Teeth	217	}	Total	.....	357
			Temporary Teeth	140				

(6) Administrations of general anaesthetics for extractions ..... 5

(7) Other operations	.....	{	Permanent Teeth	135	}	Total	.....	135
			Temporary Teeth	—				









Handwritten text at the top of the page, possibly a title or header.

Handwritten text in the upper middle section.

Handwritten text in the lower middle section.

Handwritten text in the middle section.

Handwritten text in the middle section.

Handwritten text at the bottom of the page.

Handwritten text in the middle section.

Handwritten text in the middle section.

Handwritten text in the middle section.

Handwritten text in the middle section.

Handwritten text at the bottom of the page.